

**Citizen Police Academy
Application for Enrollment**

Full Name _____
Address _____ City/St. _____ ZIP _____
Phone (____) _____ - _____ Driver's License # _____
Date of Birth ____/____/____ Race _____ **GENDER: Male/Fem.**
Employer/School Name _____
Business Phone (____) _____ - _____
How were you referred to the CPA ? _____
List any medications and/or allergies we may need to know about.

Emergency contact Name _____ Phone _____

Have you ever been arrested or are you currently on Parole or Probation? (A background check will be conducted on each applicant. Any intentional misrepresentation will be grounds for immediate dismissal.) _____ If yes, please explain. _____

I _____ hereby acknowledge that I have completed the above information fully and accurately. I understand and give my permission, with respect to the San Antonio Police Department, to conduct a background investigation to determine my suitability for admission to this program.

Signature _____ Date _____

Complete and return to: **CPA Coordinator
SAPD Training Academy
12200 S.E. Loop 410
San Antonio, TX. 78221**

For more information please call the CPA Coordinator at (210) 207-6214

Fax (210) 207-6202

SAPD FORM 37-CPA (rev. SEP 2004)